

ANDERSON EXHIBIT 6BB

DRUG REIMBURSEMENT INFORMATION

MEDICAID REIMBURSEMENT FOR DRUGS BY STATE

This table shows Medicaid prescription drug reimbursement rates and related information for 1999 as reported by the state drug program administrators in the annual National Pharmaceutical Council Survey.

State	Dispensing fees	Co-pay	Ingredient reimbursement basis
Alabama	\$5.40	\$0.50 - \$3.00	WAC+9.2%
Alaska	\$3.45 - \$11.46	\$2.00	AWP-5%
Arizona* †	—	—	AWP-10%
Arkansas	\$5.51	\$0.50 - \$3.00	AWP-10.5%
California	\$4.05	G: \$1.00, B: \$1.00	AWP-5%
Colorado	\$4.08	G: \$0.50, B: \$2.00	AWP-10%; WAC+18%
Connecticut	\$4.10	No	AWP-12%
Delaware	\$3.65	No	AWP-12.9%
District of Columbia†	\$3.75	\$1.00	AWP-10%
Florida	\$4.23	No	AWP-11.5%, WAC+7%
Georgia	\$4.63	\$0.50	AWP-10%
Hawaii	\$4.67	No	AWP-10.5%
Idaho	\$4.94	No	AWP-11%
Illinois	\$3.69 - \$15.45	No	AWP-10%; AWP-12% (multi-source drugs)
Indiana	\$4.00	\$0.50 - \$3.00	AWP-10%
Iowa	\$4.10 - \$6.38	\$1.00	AWP-10%
Kansas	\$4.94	\$2.00	AWP-10%
Kentucky	\$4.75 OP/\$5.75 LTC	No	AWP-10%
Louisiana	\$5.77	\$0.50 - \$3.00	AWP-10.5%
Maine	\$3.35 - \$5.35	\$0.50 - \$3.00	AWP-10%
Maryland	\$4.21	\$1.00	AWP-10%
Massachusetts	\$3.00	\$0.50	WAC+10%
Michigan	\$3.72	\$1.00	AWP-13.5% or AWP-15.1%
Minnesota	\$3.65	No	AWP-9%
Mississippi	\$4.91	\$1.00	AWP-10%
Missouri	\$4.09	\$0.50 - \$2.00	AWP-10.43%
Montana	\$2.00 - \$4.20	G: \$1.00, B: \$2.00	AWP-10%
Nebraska	\$2.85 - \$5.05	\$1.00	AWP-8.71%
Nevada	\$4.76	No	AWP-10%
New Hampshire	\$2.50	G: \$0.50, B: \$1.00	AWP-12%
New Jersey	\$3.73 - \$4.07	No	AWP-10%
New Mexico	\$4.00	No	AWP-12.5%
New York	\$3.50 - \$4.50	G: \$0.50, B: \$2.00	AWP-10%
North Carolina	\$5.60	\$1.00	AWP-10%
North Dakota	\$4.60	No	AWP-10%
Ohio	\$3.70	No	AWP-11%
Oklahoma	\$4.15	\$1.00 - \$2.00	AWP-10.5%
Oregon	\$3.80 - \$4.16	No	AWP-11%
Pennsylvania	\$4.00	\$1.00 - \$2.00	AWP-10%
Rhode Island†	\$2.85 - \$3.40	No	WAC+5%
South Carolina	\$4.05	\$2.00	AWP-13%
South Dakota	\$4.75 - \$5.55	\$2.00	AWP-10.5%
Tennessee* †	—	—	—
Texas	\$5.27 + 2%	No	AWP-15%; WAC+12%
Utah†	\$3.90 - \$4.40	\$1.00	AWP-12%
Vermont	\$4.25	\$1.00 - \$2.00	AWP-10%
Virginia	\$4.25	\$1.00	AWP-9%
Washington	\$3.98 - \$4.92	No	AWP-11%
West Virginia	\$3.90 - \$4.90	\$0.50 - \$2.00	AWP-12%
Wisconsin	\$4.88 to \$40.11	\$0.50 - \$1.00	AWP-10%
Wyoming	\$4.70	\$2.00	AWP-4%

OP = Outpatient; LTC = Long Term Care; WAC = Wholesalers Acquisition Cost;

AWP = Average Wholesale Price; G = Generic; B = Brand Name.

*Within federal and state guidelines, individual managed care and pharmacy benefit management organizations make formulary/drug decisions.

†These states did not submit information for this table, so their 1998 data are included.

DRUG REIMBURSEMENT INFORMATION

93

MEDICAID REIMBURSEMENT FOR DRUGS BY STATE

This table shows Medicaid prescription drug reimbursement rates and related information as reported by the state drug program administrators in the annual National Pharmaceutical Council Survey.

State	Dispensing Fees	Ingredient Reimbursement Basis	Co-pay	Year
Alabama	\$5.40	AWP-10%; WAC+9.2%	\$0.50 - \$3.00	2000
Alaska	\$3.45	AWP-5%	\$2.00	2000
Arizona*	-	AWP-10%	-	1999
Arkansas	\$5.51	AWP-10.5%	\$0.50 - \$3.00	2000
California	\$4.05	AWP-5%	G: \$1.00, B: \$1.00	2000
Colorado	\$4.08	AWP-10% or WAC+18%, whichever is lowest	G: \$0.50, B: \$2.00	2000
Connecticut	\$4.10	AWP-12%	No	2000
Delaware	\$3.65	AWP-12.9%	No	2000
District of Columbia	\$3.75	AWP-10%	\$1.00	1999
Florida	\$4.23	AWP-13.25%—	No	2000
Georgia	\$4.63	AWP-10%	\$0.50	2000
Hawaii	\$4.67	AWP-10.5%	No	2000
Idaho	\$4.94 (\$5.54 for unit dose)	AWP-11%	No	2000
Illinois	G: \$3.75, B: \$3.45	AWP-10%, AWP-12% for multi-source drugs	No	2000
Indiana	\$4.00	AWP-10%	\$0.50 - \$3.00	2000
Iowa	\$4.13 - \$6.42	AWP-10%	\$1.00	2000
Kansas	\$4.50	AWP-10%	\$2.00	2000
Kentucky	OP: \$4.75, LTC: \$5.75	AWP-10%	No	2000
Louisiana	\$5.77	AWP-10.5%	\$0.50 - \$3.00	1999
Maine	\$3.35 (+ extra fees for compounding)	AWP-10%	\$0.50 - \$3.00	1999
Maryland	\$4.21	Lowest of: WAC+10%, direct+10%, AWP-10%	\$1.00	2000
Massachusetts	\$3.00	WAC+10%	\$0.50	2000
Michigan	\$3.72	AWP-13.5% (1 to 4 stores), AWP-15.1% (5+ stores)	\$1.00	2000
Minnesota	\$3.65	AWP-9%	No	2000
Mississippi	\$4.91	AWP-10%	\$1.00	2000
Missouri	\$4.09	AWP-10.43%	\$0.50 - \$2.00	2000
Montana	\$2.00 - \$4.20	AWP-10%	G: \$1.00, B: \$2.00	2000
Nebraska	\$3.20 - \$5.05	AWP-8.71%	\$1.00	2000
Nevada	\$4.76	AWP-10%	No	2000
New Hampshire	\$2.50	AWP-12%	G: \$0.50, B: \$1.00	2000
New Jersey	\$3.73 - \$4.07	AWP-10%	No	2000
New Mexico	\$4.00	AWP-12.5%	No	1999
New York	B: \$3.50 G: \$4.50	AWP-10%	G: \$0.50, B: \$2.00	2000
North Carolina	\$5.60	AWP-10%	\$1.00	2000
North Dakota	\$4.60	AWP-10%	No	1999
Ohio	\$3.70	AWP-11%	No	2000
Oklahoma	\$4.15	AWP-10.5%	\$1.00 - \$2.00	2000
Oregon	\$3.91 - \$4.28 (based on annual # of Rxs)	AWP-11%	No	2000
Pennsylvania	\$4.00	AWP-10%	\$1.00 - \$2.00	2000
Rhode Island	OP: \$3.40, LTC: \$2.85	WAC+5%	No	1999
South Carolina	\$4.05	AWP-10%	\$2.00	2000
South Dakota	\$4.75 (\$5.55 for unit dose)	AWP-10.5%	\$2.00	2000
Tennessee*	-	-	-	1999
Texas	\$5.27 + 2% of ingredient & dispensing fee	AWP-15% or WAC+12%, whichever is lowest	No	2000
Utah	\$3.90 - \$4.40 (based on geographic area)	AWP-12%	\$1.00 - \$5.00	1999
Vermont	\$4.25	AWP-11.9%	\$1.00 - \$2.00	2000
Virginia	\$4.25	AWP-9%	\$1.00	1999
Washington	\$4.06 - \$5.02 (based on annual # of Rxs)	AWP-11%	No	2000
West Virginia	\$3.90 (+ extra fees for compounding)	AWP-12%	\$0.50 - \$2.00	2000
Wisconsin	\$4.88	AWP-10%	\$0.50 - \$1.00	2000
Wyoming	\$1.70	AWP-1%	\$2.00	2000

AWP = average wholesale price; B = brand name;

G = generic; LTC = long-term care;

OP = outpatient; WAC = wholesaler's acquisition cost.

*Within federal and state guidelines, individual managed care and pharmacy benefit management organizations make formulary/drug decisions.

Source: National Pharmaceutical Council, Reston, Va.

MEDICAID REIMBURSEMENT FOR DRUGS BY STATE

This table shows Medicaid prescription drug reimbursement rates | state drug program administrators to the National Association of and related information as of December 4, 2001, as reported by Chain Drug Stores.

State	Fees	Co-pay
Alabama	AWP - 10%; WAC + 9.2% + \$5.40	\$0.50 - \$3.00
Alaska	AWP - 5% + \$3.45	\$2.00
Arizona	Entire program in managed care	No
Arkansas	AWP - 10.5% + \$5.51	\$0.50 - \$3.00
California	AWP - 5% + \$4.05	\$1.00
Colorado	AWP - 11% + \$4.00	\$0.50/\$2.00
Connecticut	AWP - 12% + \$4.10	No
Delaware	AWP - 12.9% + \$3.65	No
District of Columbia	AWP - 10% + \$3.75	\$1.00
Florida	AWP - 13.25% + \$4.73 (formulary)/\$3.73 (non-formulary)	No
Georgia	AWP - 10% + \$4.63 (MFN)	\$0.50 generic and preferred brand/\$0.50 - \$3.00 non-preferred brand
Hawaii	AWP - 10.5% + \$4.67	No
Idaho	AWP - 12% + \$4.94	No
Illinois	AWP - 20% + \$5.10 (generics); AWP - 11% + \$4.00 (brands)	No
Indiana	AWP - 10% + \$4.00	\$0.50 - \$3.00
Iowa	AWP - 10% + \$5.17	\$1.00
Kansas	AWP - 10% + \$4.50	\$2.00
Kentucky	AWP - 10% + \$4.51	No
Louisiana	AWP - 13.5%/15% + \$5.77	\$0.50 - \$3.00
Maine	EAC/AWP - 10% + (\$3.10 - \$5.10) (MFN)	\$0.50 - \$3.00
Maryland	WAC + 10% + \$4.21	\$1.00
Massachusetts	WAC + 10% + \$3.00 (MFN)	\$0.50
Michigan	AWP - 13.5% (independent)/15.1% (chain) + \$3.77	\$0.50 - \$3.00 (reverts to \$1.00 if uncollectable) No
Minnesota	AWP - 9% + \$3.65; \$8/bag for IV solutions; \$14/bag for cancer therapy products; \$30/bag for parenteral nutritional products (1 liter); \$44/bag for parenteral nutritional products (>1 liter)	
Mississippi	AWP - 10% + \$4.91	\$1.00
Missouri	AWP - 10.43% + \$4.09	\$0.50 - \$2.00
Montana	AWP - 10% + (\$2.00 - \$4.20), based on dispensing fee questionnaire	\$1.00/\$2.00
Nebraska	AWP - 8.71% + (\$3.20 - \$5.05)	\$1.00
Nevada	AWP - 10% + \$4.76	No
New Hampshire	AWP - 12% + \$2.50	\$0.50/\$1.00
New Jersey	AWP - 13% + \$3.50	No
New Mexico	AWP - 12.5% + \$4.00	No
New York	AWP - 10% + \$3.50/\$4.50	\$0.50/\$2.00
North Carolina	AWP - 10% + \$4.00 (brands); AWP - 10% + \$5.60 (generics)	Brands: \$3.00; Generics: \$1.00
North Dakota	AWP - 10% + \$4.60	No
Ohio	AWP - 11.2% + \$3.70	No
Oklahoma	AWP - 10.5% + \$4.15	\$1.00/\$2.00
Oregon	AWP - 13% + \$3.50 (\$3.80 for nursing homes)	No
Pennsylvania	AWP - 10% + \$4.00	\$1.00
Rhode Island	WAC + 5% + \$3.40	No
South Carolina	AWP - 10% + \$2.00	\$3.00
South Dakota	AWP - 10% + \$4.75	\$2.00
Tennessee	AWP - 13% + \$2.50	\$5.00/\$10.00 (income-dependent) No
Texas	AWP - 15% (independent); AWP - 18% (chains and warehouses); WAC + 12% + (\$5.27 + 2% + \$0.15 delivery fee)	\$1.00, with \$5.00 maximum per month
Utah	AWP - 12% + \$3.90 (urban providers)/\$4.40 (rural providers)	\$1.00 - \$3.00 Brands: \$2.00; Generics: \$1.00 No
Vermont	AWP - 11.9% + \$4.25	\$0.50 - \$2.00
Virginia	AWP - 9% + \$4.25	\$1.00
Washington	AWP - 11% + (\$4.06 - \$5.06)	\$1.00 - \$2.00
West Virginia	AWP - 12% + \$3.90	\$1.00
Wisconsin	AWP - 11.25% + \$4.38	\$1.00
Wyoming	AWP - 11% + \$5.00	\$1.00

DRUG REIMBURSEMENT INFORMATION

113

MEDICAID REIMBURSEMENT FOR DRUGS BY STATE

This table shows Medicaid prescription drug reimbursement rates state drug program administrators to the National Association of and related information as of December 3, 2002, as reported by Chain Drug Stores.

State	Medicaid Formula	Co-pay
Alabama	AWP - 10% or WAC + 9.2% + \$5.40 (brands and generics)	\$0.50 - \$3.00
Alaska	AWP - 5% + \$3.45	\$2.00
Arizona	Entire program in managed care	
Arkansas	AWP - 14% brands / AWP - 20% generics + \$5.51 + \$2.00 generic incentive	\$0.50 to \$3.00
California	AWP - 5% + \$3.55	\$1.00
Colorado	AWP - 13.5% (brand) and AWP - 35% (generic)	\$0.75 / \$3.00
Connecticut	AWP - 12% + \$3.85	None
Delaware	Generics: AWP - 58% Brands; AWP - 16.32% (traditional pharmacies: AWP - 24.32%); AWP - 10% + \$3.75	None
District of Columbia	Lower of WAC + 7% or AWP - 13.25% + \$4.73 (formulary) / \$3.73 (nonformulary)	\$1.00
Florida	AWP - 10% (MFN) + \$4.63 (brand) / \$5.13 (generic)	None
Georgia		Generics and preferred brands: \$0.50; Nonpreferred brands: \$0.50 - \$3.00
Hawaii	AWP - 10.5% + \$4.67	None
Idaho	AWP - 12% + \$4.94	None
Illinois	Brand: AWP - 12% + \$3.40; generic AWP - 25% + \$4.60	Brands: \$3.00; Generics: \$1.00
Indiana	AWP - 13.5% + \$4.90 (brand) / AWP - 20% + \$4.90 (generic)	Generic legend drugs, all nonlegend drugs, and compounded prescriptions: \$0.50; Brands: \$3.00
Iowa	AWP - 10% + \$5.17	\$1.00
Kansas	AWP - 10% + \$4.50	\$3.00
Kentucky	AWP - 12% + \$4.51	\$1.00
Louisiana	AWP - 13.5% (independent) / AWP - 15% (chain) + \$5.77	\$0.50 - \$3.00
Maine	EAC / AWP - 13% + \$3.35 (MFN)	\$0.50 - \$3.00, \$10.00 for HIV drugs
Maryland	Lower of (WAC + 10%) or (AWP - 10%) + \$4.21	Brands only: \$2.00
Massachusetts	WAC + 6% (MFN) + \$3.50 (brand) / \$5.00 (generic)	\$2.00
Michigan	AWP + 13.5% (independent) / 15.1% (chain) + \$3.77	\$0.50 - \$3.00 (reverts to \$1.00 if uncollectable)
Minnesota	AWP - 9% + \$3.65; \$8 / bag for IV solutions; \$14 / bag for cancer therapy products; \$30 / bag for parenteral nutritional products (1 liter); \$44 / bag for parenteral nutritional products (>1 liter)	None
Mississippi	AWP - 12% + \$3.91	\$3.00
Missouri	AWP - 10.43% + \$4.09	\$0.50 - \$2.00
Montana	AWP - 15% + \$4.70	\$1.00 minimum; 5% coinsurance
Nebraska	AWP - 11% + (\$3.20 to \$5.05)	\$2.00
Nevada	AWP - 15% + \$4.76	None
New Hampshire	AWP - 12% (MFN) + \$2.50	\$0.50/\$1.00
New Jersey	AWP - 10% + (\$3.73 to \$4.07)	None
New Mexico	AWP - 12.5% + \$3.65	None
New York	AWP - 10% + \$3.50 / \$4.50	Brands: \$2.00; Generics & OTCs: \$0.50 (\$100/yr. limit)
North Carolina	AWP - 10% + \$4.00 (brand); AWP - 10% + \$5.60 (generic)	Brands: \$3.00; Generics: \$1.00
North Dakota	AWP - 10% + \$4.60	\$3.00
Ohio	WAC + 9% (or AWP - 12.8% if WAC unknown) + \$3.70	\$1.00
Oklahoma	AWP - 12% + \$4.15	\$1.00 / \$2.00
Oregon	AWP - 14% + \$3.50 (\$3.80 for nursing homes)	Brands: \$3.00; Generics: \$2.00 (pending as of 12/02)
Pennsylvania	AWP - 10% + \$4.00	\$1.00
Rhode Island	WAC + 5% + \$3.40	None
South Carolina	AWP - 10% + \$4.05	\$3.00
South Dakota	AWP - 10.5% + \$4.75	\$2.00
Tennessee	AWP - 13% + \$2.50	\$1.00 / \$1.00 / \$3.00 (TennCare Medicaid); \$1.00 / \$3.00 / \$5.00 (TennCare Standard Below Poverty); \$5.00 / \$15.00 / \$25.00 (TennCare Standard Above Poverty)
Texas	(AWP - 15%) / (WAC + 12%) + (\$5.27 + 2% + \$0.15 delivery fee) Chain pharmacy is reimbursed at warehouse rate of AWP - 18%	None (brands: \$3.00; generics: \$0.50 pending as of 12/02)
Utah	AWP - 12% + \$3.90 (urban providers) / + \$4.40 (rural)	\$1.00, with \$5.00 maximum per month; nontraditional: \$2.00
Vermont	AWP - 11.9% + \$4.25	Brands: \$6.00; Generics: \$3.00 (CMS approval pending)
Virginia	AWP - 10.25% + \$4.25	Brands: \$2.00; Generics: \$1.00
Washington	AWP - 14% (brand) (fewer than five manufacturers); AWP - 50% (generic) (five or more manufacturers)	None
West Virginia	AWP - 12% + \$3.90	\$0.50 for drugs with allowed charge of \$10.00 or less; \$1.00 for drugs with allowed charge of \$10.01 to \$25.00; \$2.00 for drugs with allowed charge of \$25.01 or more \$0.50 for OTCs, no limit; \$1.00 for legend drugs, up to \$5.00 per month maximum \$2.00
Wisconsin	AWP - 11.25% + \$4.38	
Wyoming	AWP - 11% + \$5.00	

AWP = average wholesale price; EAC = estimated acquisition cost; MFN = most favored nations reimbursement; WAC = wholesaler's acquisition cost.

MANUFACTURER WHOLESALE INFO

IDENTIFICATION

EXHIBIT "4"

Point-of-Care Knowledge Bases**First DataBank**

New Product Submission Form

For your convenience, you may use this form to add products to the National Drug Data File (NDDF). Please make copies of this form for each add.

NDC Number	
UPC Number	
Product Name	
RX or OTC	
Package Size (ml, gm, each)	
Dosage Form (tablet, capsule, powder filled vial, ampul, ointment, etc...)	
Wholesale (Distributor) Price	
Direct Price	
AWP Price	
Effective Date (start ship date)	
Active Ingredients & strengths (Package Insert and Label are preferred.)	

Company Name: _____
Your Name: _____
Telephone: _____

EXHIBIT "5"

TO: WBB



Texas Department of Health

William R. Archer III, M.D.
Commissioner of Health

<http://www.tdh.state.tx.us>

1100 West 49th Street
Austin, Texas 78756-3199
(512) 453-7111

Paul J. Patterson, M.D., M.P.H.
Executive Deputy Commissioner

Under the Omnibus Budget Reconciliation Act (OBRA) of 1990, the state of Texas Vendor Drug Program will continue to request completed questionnaire as a requirement for the production addition to the Texas Vendor Drug Index (TVDI). A form is included so that all necessary information from the manufacturer will be available for pricing and dosing recommendations. Questionnaires should be limited to no more than 20 per submitted request for any one month period. A separate questionnaire is to be submitted for each drug and strength. Please supply a cover sheet listing all products, strengths and package sizes for which you are submitting applications. Questions must be answered in full (NO - N/A). This form may be reproduced.

All inquiries regarding this questionnaire for BVD and revisions are to be directed to:

Texas Department of Health
Bureau Vendor Drug
1100 West 49th Street.
Austin, Texas 78756-3174

Drugs are listed in the BVD using the NDC number of the manufacturer or distributor who is holding the drug forth as his own and has his company's name on the label of the container that is sold to the pharmacy. If your company has a product to which the "New Drug Coverage" applies, please add the FDA approval date of the New Drug Application (NDA), Product License Approval (PLA), Establishment License Approval (ELA), or Antibiotic Drug Approval (ADA) to the questionnaire.

Martha McNeill, R.Ph.
Director of Product Management
Bureau of Vendor Drug
(512)338-6965
(512)338-6462-Fax
(512)338-6932-Secretary

SENT BY: VENACARE,

3032921739, JAN. 2, 7:25PM;

**REQUEST FOR INFORMATION FOR NEW DRUG PRODUCT OR FOR
ADDITIONAL INFORMATION OF PRODUCTS CURRENTLY
INCLUDED IN TEXAS MEDICAID**

Please fill out the following information for consideration on Texas Medicaid

INCLUDE A COPY OF FILE CARD, PACKAGE INSERT AND OR MATERIAL FOR PHYSICIANS

DRUG DESCRIPTION

DC. NO:	PACKAGE QTY: <small>(multiple package sizes of same strength products may be included)</small>		
PRODUCT BRAND NAME:			
GENERIC NAME:			
*STRUCTURALLY RELATED DRUGS:			
DRUG STRENGTH:			
COLOR:	FLAVOR:	ORANGE BOOK RATING:	
DOSEAGE FORM:	IS THIS DRUG LEGEND OR OTC?	DEA SCHEDULE OF THE DRUG:	
MAXIMUM DAILY DOSE:			
RECOMMENDED DAILY DOSE:			
INGREDIENTS/DESCRIPTION:			
*LIST SHELF LIFE:			
*ESTIMATED AVG. DURATION OF THERAPY:			
*MAXIMUM DURATION OF TREATMENT:			
	<p>A - Drug products that FDA considers to be therapeutically equivalent to other pharmaceutically equivalent products.</p> <p>B - Drug products that FDA at this time, considers not to be therapeutically equivalent to other pharmaceutically equivalent products.</p> <p>C - Not listed in Orange Book</p>		

**** NEW ADDITIONAL INFORMATION - revised (April 1, 1998)**

ATTACH COPIES OF PRICE LIST & ADD TO MAILING LIST IF NOT CURRENTLY LISTED**

PRICE INFORMATION

PERCENTAGE OF SUGGESTED WHOLESALE PRICE TO PHARMACY (AWP)	\$
PRICE TO WHOLESALER AND/OR DISTRIBUTOR	\$
RECT PRICE TO PHARMACY	\$
PRICE TO CHAIN WAREHOUSE	\$
INSTITUTIONAL OR OTHER CONTRACT PRICE** Nursing Home, Home Health Care)	\$
OTHER PRICE	\$

If set of price lists is sufficient for multiple submissions.

Notes: If prices vary by specific contract or customer arrangement, you may provide a price range.**

Please circle the companies to whom you report pricing information.

AST DATA BANK PRICE ALERT

RED BOOK

EDI-SPAN

BLUE BOOK

HER:

Do you sell to distributors, repackagers, or relabelers, other than full-service drug wholesalers, who in turn sell your product to the retail trade bearing your NDC number?

If yes, attach a listing.

Attach a copy of your sales agreement with retail pharmacists (contract, policy, etc)

Attach a copy of your Vendor Liability Insurance:

a. Included or

b. Previously submitted or unchanged. (Do not need to resubmit)

Available date through WHOLESALERS _____

name of firm:			
---------------	--	--	--

address:			
----------	--	--	--

City:	State:	Zip:
-------	--------	------

Name and address of Manufacturer of drug:			
---	--	--	--

City:	State:	Zip:
-------	--------	------

Name and Address of representatives/government affairs persons covering the Texas area; if applicable:			
--	--	--	--

City:	State:	Zip:
-------	--------	------

Phone:			
--------	--	--	--

Is this product now marketed under an approved NDA or ANDA?

Submit a copy of the FDA letter of approval of the NDA or ANDA, or, if not applicable, a copy of the FDA letter of approval for marketing.

Please circle DESI classification of this product.

- 1 Non-DESI/IRS: safe and effective
- 2 DESI/IRS under review
- 3 LTE DESI/IRS for some indications
- 4 Non-Covered - LTE DESI/IRS for all indications
- 5 Non-Covered - LTE DESI/IRS withdrawn from the market

Product added to the Texas Vendor Drug Program must bear the labeler code, as defined by the FDA, of the manufacturer, with the exception of a bona fide full-service drug wholesaler, marketing the final sale to the provider.

Manufacturers or distributors having one or more of their pharmaceuticals included in the program are responsible for submitting notification of any changes pertaining to any of the above information not later than such revisions scheduled to occur to:

Texas Department of Health
 Bureau of Vendor Drug
 Attn: Martha McNeill, R.Ph.
 Director of Product Management
 1100 West 49th Street
 Austin, Texas 78756-3174

I certify that the information submitted is correct to the best of my knowledge and that this product is not now in violation of either Federal or State Law. I also agree to inform the Texas Department of Health, in writing, of any changes in formulation, product status, price or availability as herein describe, within fifteen (15) days of such change.

Responsible Person (Type or Print)

Signature

Address

City

State

Zip

Company Name

() _____
 Telephone

EXHIBIT "6"